



GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
237 Coliseum Drive Macon, Georgia 31217-3858
(478) 207-2440 (Telephone) * www.sos.ga.gov/plb/psych

NON COMPENSATED VOLUNTEER SERVICE CONTRACT

A notarized statement from the agency that will receive the volunteer services attesting to the fact that the psychologist will not be compensated for their services and the agency will not bill for or in any way be compensated for the services provided by the psychologist. The notarized statement will also verify that the agency will provide malpractice insurance coverage for the volunteer psychologist.

APPLICANT

NAME: _____
Last First Middle

PHYSICAL ADDRESS: _____
Street (P.O. Box not acceptable) City State Zip Code

MAILING ADDRESS: _____
(If different from street address) Street/P.O. Box City State Zip Code

HOME PHONE: () _____ BUSINESS PHONE: () _____

E-MAIL: _____

SOCIAL SECURITY NUMBER _____ BIRTHDATE _____

AGENCY/INSTITUTION

NAME: _____

ADDRESS: _____
Street (No P.O. Box) City State Zip Code

HOME PHONE: () _____ BUSINESS PHONE: () _____

E-MAIL: _____

LICENSE #: _____ DATE LICENSED: _____ STATE: _____

We attest that we have read and agree to abide by the Rules of the Board regarding Volunteer Service. Board Rule 510-9-.04.

Date

Signature of Supervisor

Date

Signature of Applicant

Sworn and subscribed before me

This ____ day of _____, 20____.

Notary Public

My commission expires: _____.

Notary Seal